

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CLAIMS						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1					52				
3	2						53				
4	0						54				
5	0						55				
6	0						56				
7	0						57				
8	0						58				
9	0						59				
10	1		1				60				
11		1					61				
12		1					62				
13		1					63				
14		1					64				
15	1		1				65				
16	1						66				
17							67				
18	3						68				
19	0						69				
20	1						70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3		3				TOTAL IND.				
TOTAL DEP.	20	←	19	←		←		↓	↓	↓	
TOTAL CLAIMS	23		22				TOTAL DEP.	←	←	←	
							TOTAL CLAIMS				